

### Model Surgeon/Physician Declaration

I, [health care providers name], declare:

1. I am a licensed physician in the state of California.
2. [Client's name], whose date of birth is, [XX/XX/19XX] is [or was] a patient of mine. [Client's name] has been my patient for [XXX years/months] and has undergone [an] irreversible [surgical procedure(s)/medical treatment] for the purpose of permanently transitioning from [female/male] to [male/female]. [Client's name] should therefore be listed as [male/female] in all past and future records.
3. I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct. Sworn to this \_\_\_\_\_ day of \_\_\_\_\_ in San Francisco, California.

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Dr. XXX